

P97000084885

Teresa Taborda

Requestor's Name

10240 SW 56 St. Ste #115C

Address

Miami FL 33165

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #) 100002307134-3  
-09/30/97--01007--016  
\*\*\*\*122.50 \*\*\*\*122.50
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
97 SEP 30 PM 1:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
OF  
**ACUPUNCTURE & ORIENTAL MASSAGE CLINIC, CORP**

FILED  
97 SEP 30 PM 1:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

THE UNDERSIGNED INCORPORATOR FOR THE PURPOSE OF FORMING A CORPORATION, UNDER THE FLORIDA GENERAL CORPORATION ACT, HEREBY ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION

I

THE NAME OF THE CORPORATION SHALL BE:

**ACUPUNCTURE & ORIENTAL MASSAGE CLINIC, CORP**

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE  
615-B UNITED STREET KEY WEST FLORIDA 33040

II

THE MAIN PURPOSE OF THIS CORPORATION IS: TO CONDUCT BUSSINESS AND IT MAY ENGAGE IN OR TRANSACT ANY OR ALL LAWFUL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAW OF THE UNITED STATES, THE STATE OF FLORIDA, OR ANY OTHER STATE, COUNTRY, TERRITORY OR NATION.

III

THE AGGREGATE NUMBER OF SHARES OF STOCK AND ITS PAR VALUE THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS: 500 SHARES AT \$1.00 PAR VALUE.

IV

THE EXISTANCE OF THIS CORPORATION IS PERPETUAL.

V

THE NAME AND STREET ADDRESS OF THE INITIAL OFFICERS AND DIRECTORS OF THIS CORPORATION, WHO SHALL HOLD OFFICE UNTIL THEIR SUCESSORS ARE ELECTED, IS:

REGIS BONToux  
2211 FOGARTY AVE  
KEY WEST FL 33040

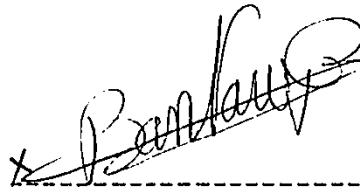
PRESIDENT, SECRETARY, TREASURER

Doc prepared by  
Teresa Taborda  
10240 SW 56th St STE 115, Miami Fl 33156  
(305) 598-5354

THE NAME AND STREET ADDRESS OF THE INCORPORATOR OF THESE ARTICLES  
OF INCORPORATION IS:

REGIS BONTOUX  
2211 FOGARTY AVE  
KEY WEST FL 33040

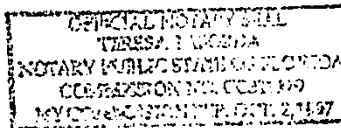
IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR HAS EXECUTED  
THESE ARTICLES OF INCORPORATION THIS 18TH DAY OF SEPTEMBER 1997



REGIS BONTOUX

STATE OF FLORIDA  
COUNTY OF DADE

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED AND SWORN TO BEFORE ME  
THIS 18TH DAY OF SEPTEMBER 1997 BY REGIS BONTOUX OF ACUPUNCTURE &  
ORIENTAL MASSAGE CLINIC, CORP.



TERESA TABORDA  
NOTARY PUBLIC, STATE OF FLORIDA.  
COMMISSION NO CC321929  
MY COMMISSION EXP. OCT 2, 1997.

CERTIFICATE DESIGNATING  
REGISTERED AGENT/ REGISTERED OFFICE

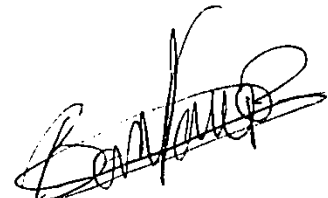
PERSUANT TO THE PROVISION OF SECTION 607.325, FLORIDA STATUTES,  
THE UNDERSIGNED CORPORATION UNDER THE LAW OF THE STATE OF  
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE  
REGISTER AGENT, IN THE STATE OF FLORIDA.

THE NAME OF THE CORPORATION IS:

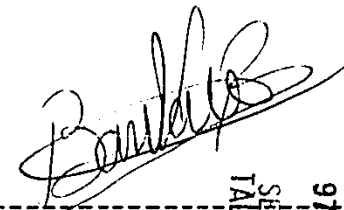
**ACUPUNCTURE & ORIENTAL MASSAGE CLINIC, CORP**

THE NAME AND ADDRESS OF THE REGISTER AGENT IS:

REGIS BONTOUX  
2211 DORGARTY AVE  
KEY WEST FL 33040

X   
\_\_\_\_\_  
REGIS BONTOUX  
PRESIDENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE  
STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE,  
I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO  
COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER  
AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES  
AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

X   
\_\_\_\_\_  
REGIS BONTOUX

FILED  
97 SEP 30 PM 1:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA